

Request Form for Life Safety House

INSTRUCTIONS: 1. Please type or print clearly

2. Please fill out as complete as possible

3. Return to State Fire Marshal's Office with signature

Department Nan				Contact Person						Daytime Phone							
Mailing Address							State Zip					Nightime Phone					
					List 7	Γhr	ree Poss	sible	Date	es							
Choice #1							Choice			Choic	e #3						
	Month	Day	Year	Time			Month	Day	Year	Time	İ		Month	Day	Year	Time	
Delivery Date:					Delivery Date:						Delivery Date	:					
Pickup Date:		Pickup Date:									Pickup Date:						
	ent		Н	ave you	invit	ed the	follow	ing to par	ticip	ate?							
☐ County Fair ☐ EMS Week							Safe Kids Coalition Yes No Law Enforcement Yes No										
☐ Fire Prevention Week ☐ Safety Fair							Local Health Department Yes No										
☐ City or Town Fair ☐ Other							Local EMS Yes No Other Injury Prevention Groups Yes No										
Describe t					71101												
Describe	He Liver																
Location				Address													
Locusion	UI 11, U.						Auui Coo										
to notify the	State Fire he Life S	Mars	shal's (House	Office of a and hold	partment's por any damages of harmless the s y the user.	of the	e Life Safe	ety Hou	ise or a	ny of its	contents. W	e will	l follow	all ap	plicable	e laws	
					For St	ate	Fire Ma		Use	Only							
Person assig	ned to de	liver t	he tra	iler:	101 50				. •	<u> </u>							
Delivery Time:																	